

FILE NOW: FILING FEE IS \$61.25

FILED  
May 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # 764529 (4)**  
1. Corporation Name  
**THE OCEAN GALLERY VISTAS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>4600 A1A SOUTH ST. AUGUSTINE FL 32084</b>	Mailing Address <b>4600 A1A SOUTH ST. AUGUSTINE FL 32084-9478</b>
---	--

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/11/1982</b>	3a. Date of Last Report <b>05/01/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2250739</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>JONES, KATHERINE G. 780 N. PONCE DE LEON BLVD. ST. AUGUSTINE FL 32085</b>				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<del>0</del>	<input type="checkbox"/> DELETE		1.1 TITLE	<b>VD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LIPSETT, LLOYD</b>			1.2 NAME			
STREET ADDRESS	<b>1093 A1A BEACH BLVD., #258</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>			1.4 CITY-ST-ZIP			
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FORSTER, WILLIAM</b>			2.2 NAME			
STREET ADDRESS	<b>4600 HWY, A1A, S, AV112</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>			2.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>COYNE, JACK</b>			3.2 NAME			
STREET ADDRESS	<b>4600 HWY A1A S., CV 205</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>ST AUGUSTINE FL</b>			3.4 CITY-ST-ZIP			
TITLE	<del>TD</del>	<input type="checkbox"/> DELETE		4.1 TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PITTMAN, SUSI</b>			4.2 NAME			
STREET ADDRESS	<b>4600 A1A SOUTH, PAC 108</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>			4.4 CITY-ST-ZIP			
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>ALGER, CLARK H.</b>			5.2 NAME	<b>Thomas Ingle</b>		
STREET ADDRESS	<b>1537 WITHEMERE WAY</b>			5.3 STREET ADDRESS	<b>4600 A1A South, PAC 108</b>		
CITY-ST-ZIP	<b>DUNWOODY GA</b>			5.4 CITY-ST-ZIP	<b>St. Augustine FL 32084</b>		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	<b>Anne Stasiewski</b>		
STREET ADDRESS				6.3 STREET ADDRESS	<b>4600 A1A South, CV 115</b>		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	<b>St. Augustine FL 32084</b>		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William Forster* **5-8-97** 904/471-6655  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0001351

CFR2E037 (9/96)